North Tempe Multi-Generational Facility ROOM RESERVATION REQUEST 2009



1555 N. Bridalwreath St, Tempe AZ

FOR OFFICE USE ONLY

www.tempe.gov/northtempe

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RESPONSIBLE PARTY INFORMATION

				-									
Last Name			F	First Name			Business	Phone		Cell	/Hom	e Phone	
ORGANIZATION INF	ORMAT	<u>ION</u>											
Organization Name:													
Mailing Address						City			St		Zip		
Business Phone		Fax				Ema	il Address						
Is the Organization Non-Pro	Is the Organization Non-Profit?			No			promoting a c		produc	t or servi	се	Yes	No
MEETING INFORMA	TION												
Description of Meeting	g/Event:												
Number of Attendees:				# of Table	s Need	led:			#	of Cha	airs N	leeded:	
Will food/drink or arts & craft	fts be used	d? Y	Yes No Target Group(s): Children Teens Adults 18+										
Any special requests/i	needs:												
Use of facility for A Tempe residen All requests must This application is facility until you h The organization The organization Selling or promot No smoking or all Any changes or of facility at least 48 I have read the Room	religious s t must be be submi s not final ave receiv is respons must checing a comi coholic be cancellatio hours price	services designat ted a mi approval yed writted sible for to ck-in at the mercial poverages ns of resor to the vation	ed as inimulation of your heir concentration of the front	s the "Responsem of 2 weeks our event, inclustion. You own setup, cle out desk, pick out, service or a permitted in the tions must be out. Three no-shicies and v	sible Part prior to th uding dat ur reques anup and up an atte anything e facility. made ON ows coul	y", comme ever e and lot the should return endance for pers ILY by the d result	plete this form at. Please allow ocation. You a d include time ing any furnitu e form and ret conal gain is p the responsible in termination	n and MUS w 1 week for setup a ure to its or turn it comprohibited. le party. If a n of schedu	or this a norized and tak iginal p pleted b a cance uled use	resent du applicatio to advert e down. osition. pefore lea ellation is e.	ring the notes that the test of the test o	ne entire me e processed event in a 0 he facility. sary, call ar	I. City of Temp and notify the
all members in charç	ge will a	ilso rea	ad a	nd adhere	to thes	se pol	icies.						
Signature of Respons	ible Part	ty						D	ate				

RESERVATION #:

DATE RECEIVED:

TIME PERIOD

HOURS AVAILABLE

November 3, 2008 February 9, 2009 May 11, 2009 August 10, 2009 January, Feburary, March 2009 April, May, June 2009 July, August, September 2009 October, November, December 2009 Monday-Thursday 8am-8:30pm Fridays 8am-7:30pm Saturdays 10am-4:30pm Sundays 1pm-5:30pm

ROOM PREFERENCE:

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Facility Closed: January 16 Facility Hours February 16th: 12-6pm Facility Hours January 19 Facility Hours February 16th: 12-6pm Spring Break: March 9 13 14 15 16 17 18 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	11			14				15	16											20	21
Facility Closed January 18th Facility Hours February 16th: 12-6pm				21	22		24	22	23	24	25	26	27	28				25	26	27	28
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Facility Hours November 11 th : 12-6pm								

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27	28	29	30	31				

Fall Break: October 5th - 9th

Facility Hours November 11th: 12-6pm Facility Closed: November 26th & 27th Facility Hours: December 24th & 31st 8am-5pm Facility Closed: December 25th

HOURS:	HOURS:	HOURS: